## 2006 FOR PROFIT CORPORATION

of the corporation or the rece changed, or on an attachme

SIGNATURE:

## Apr 28, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-28-2006 90195 039 \*\*\*150 00 DOCUMENT # P03000054198 1. Entity Name T & W MANAGEMENT, INC. Principal Place of Business Mailing Address 50017439 87 W MICHIGAN ST 87 W MICHIGAN ST ORLANDO, FL 32806 ORLANDO, FL 32806 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0334486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SNEED, RICHARD, DJR PA DO NOT WRITE 1905 S 25 ST STE 206 MARDI EXECUTIVE CENTER IN THIS SPACE PT PIERCE, FL 34947 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be \*FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TITLE WOLTERS, PAMELA R 87 W MICHIGAN ST STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS City-St-ZiP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ential report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

all other like empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**